

ENVIRONMENTAL HEALTH DIVISION

DRINKING WATER PROGRAM

FY 2003 Work Plan
Cost Center – 651200

Vision:

Residents of Whatcom County have an adequate supply of drinking water free from harmful levels of chemical and biological contamination.

Description of Service

Approval of water availability applications, as part of the building permit process. Review and approval of plans for public water supplies serving less than 15 connections, approval of well sites for new public water supplies, inspection of new water wells, investigation of cases of waterborne disease and complaints concerning water quality. Sanitary surveys of smaller community water supplies.

Purpose and/or Benefit of Providing Service

Safe, reliable drinking water is essential for the community. Proper construction of new sources and distribution systems reduces the potential for water supplies to become contaminated. Contaminated water supplies are a risk factor for both acute and chronic illnesses. Investigation of disease and complaints coupled with adequate intervention prevents additional illness.

This Service is Primarily Use By

All citizens of, and visitors to Whatcom County.

INDICATORS	Whatcom County Actual						County '96-00	State '96-00
	'96	'97	'98	'99	'00	'01	5 Yr. Avg. Rate	5 Yr. Avg. Rate
Number of giardiasis cases	16	25	38	31	19	13	16.1 (per 100,000)	11.5 (per 100,000)
Rate of complaints relative to public supplies/year/100,000 population on public supplies	14.3	17.4	10.8	19.8	13.0	16.1		
Rate of complaints relative to private water supplies/year/100,000 population on private supplies				47.6	55.7	35.2		
Percent of Group A PWS's using groundwater that have delineated and inventoried wellhead protection areas		3.5%	4.8%	5.4%	11.3%	17.2%		

Indicator Data Interpretation

The Giardiasis illness rate in Whatcom County is significantly higher than the rate for Washington State when averaged over the last 5 years. Drinking water is the common vehicle for exposures to the protozoa that causes the disease. However, there have been no common source outbreaks discovered in Whatcom County in the last five years. It is possible that our population is at greater risk due to lifestyle choices, such as regular or occasional consumption of water from unprotected sources and shallow poorly protected groundwater.

The rate of complaints and inquiries about water quality is higher for individual systems than for community water supplies. Public water sources serve large groups of people using a relatively small number of water sources. The public water systems are usually professionally managed and are required to meet ongoing regulatory requirements. Individual supplies lack regulatory oversight of water quality after initial construction.

Over the last 5 years, there has been an increase in the number of water supplies that have completed wellhead protection plans. The proportion of Group A PWS's with wellhead protection plans has increase from 3.5% in 1998 to 17.2% in 2001. The Department received one-time funding from the DOH to provide emphasis on Water utility well head protection planning.

2001-2002 Accomplishments

- In 2002 the Whatcom County Drinking Water Ordinance was adopted. The Ordinance established the procedures for the Department to use for determining water availability for new construction and adopted by reference, the State rules for Public Water Supplies. The ordinance also specified a standard for arsenic in drinking water that is lower than the current state level but coincides with the federal standard that will be applied in 2006.
- Modified the Joint Plan of Operation with the State Health Department to provide additional prevention and oversight services for Group A and B public water supplies.

Program Changes for 2003

- We will continue to work in partnership with water utilities, the State Health Department, Planning and Development Services, and citizens to implement the Coordinated Water System Plan and assess water quality throughout Whatcom County.
- We will continue to respond to concerns about water quality and will highlight the need for testing of private water supplies. We will share information about potential health hazards associated with contaminated drinking water.
- An educational program related to arsenic in groundwater will be developed and delivered to the private well owners with arsenic levels above the newly adopted standard.

<i>DRINKING WATER PROGRAM</i>	<i># of FTEs = 2.5</i>
Direct Expenditure	152,729
Indirect Costs	38,088
Total Program Expenditure	190,817
Revenue	83,300
County Contribution	107,517

FOOD PROGRAM
FY 2003 Work Plan
Cost Center - 652200

Vision:

The community will be protected from infectious and non-infectious food borne illnesses.

Description of Service

Prevention of food borne illness outbreaks in Whatcom County. Activities include investigation of suspected food-borne illness complaints, investigation of reported *E.coli* 0157:H7, salmonella, and campylobacter cases to determine source of the infection and if the public is at risk. Issuance of annual permits to all retail food service establishments and conducting routine inspections to determine compliance with safe food handling practices. Also, provide oversight to assure safety of recreational shellfish harvested locally.

Purpose and/or Benefit of Provide Service

Preventing food borne illnesses through promotion of safe food handling practices and reducing risks saves lives and dollars. The Health Department food staff participated in the investigation of the 1993 outbreak of disease caused by *E.coli* 0157:H7 associated with a fast food restaurant chain. The investigation resulted in over 200,000 hamburger patties being withdrawn from the market. Had this not occurred it is estimated that there would have been an estimated 2000 more cases of disease and 12 additional deaths.

This Service is Primarily Used By

All people in Whatcom County who buy food from retail stores or restaurants.

INDICATORS	Whatcom County Actual						County '96-'00	State '96-'00
	'96	'97	'98	'99	'00	'01	5 yr. Avg. Rate	5 yr. Avg. Rate
Salmonella cases	32	9	23	37	29	21	16.2 (per 100,000)	12.4 (per 100,000)
<i>E. coli</i> 0157:H7 cases	27	9	12	20	19	10	10.9 (per 100,000)	3.1 (per 100,000)
Campylobacter cases	57	66	58	62	51	60	36.3 (per 100,000)	17.9 (per 100,000)
Routine Food Service Inspections						1470		
Percent of food service inspections resulting in scores > 35 critical violation points				<5%	<5% (28)	1.2 (18)		

Indicator Data Interpretation

The data show that we conducted nearly 1500 routine food service inspections in 2001. This number does not include follow-up inspections, complaint investigations, opening inspections or other enforcement related investigations. Nearly 99 percent of the inspections had scores with less than 35 critical violation points. This shows a high degree of compliance with the food sanitation regulations.

Enteric pathogen disease rates for Whatcom County exceeded the rates for Washington State. It is not unusual to see a rural county, with a vigorous dairy industry, have increased rates of *E. coli* infection, Salmonellosis, and Campylobacteriosis. We cannot attribute these higher rates of enteric pathogens to commercial food service activity. These organisms are transmitted by the fecal-oral route and can be water-borne.

2001-2002 Accomplishments

- Ongoing monitoring of shellfish and shellfish growing areas has revealed biological contamination and paralytic shellfish toxin resulting in the posting and closure of shellfish harvesting in recreational areas.

Program Changes for 2003

- Participating with the State Department of Health and University of Washington researchers to investigate the occurrence and distribution of enteric pathogens as part of Federal grant. It is hoped that the study will shed more light on risk factors ultimately leading to more effective community or individual prevention.
- A training program will be implemented as required by the WAC 246.217 to further enhance the food worker competency requirements.

FOOD PROGRAM	# of FTEs = 3.8
Direct Expenditure	220,791
Indirect Costs	55,061
Total Program Expenditure	275,852
Revenue	317,715
County Contribution	(41,863)

LIVING ENVIRONMENT PROGRAM

FY 2003 Work Plan

Cost Center – 653200

653210 – Water Recreation 653240 – Camps

653220 – Schools 653270 – Rabies

653230 – RV Parks

Vision:

Provide for living, educational and recreational environments free from unsafe levels of physical, chemical and biological hazards.

Description of Service

Drowning and illness prevention associated with public swimming pools and spas. Investigation of human and animal exposure to rabies. Investigation of the causes of illness transmitted from animals to man like Lyme disease and Hantavirus and reducing unintentional injuries in schools including playground injuries. Issuing permits for recreational facilities and investigation of complaints concerning water recreation facilities, RV parks and camps.

Purpose and/or Benefit of Providing Service

Drowning is the leading cause of death in children under age four. Unintentional injuries that occur in schools are easily preventable and cooperation with participating school districts has led to the creation of safer study and play environments. Rabies though rare is always fatal to humans and is easily prevented. Treatment of an individual exposed to a bat costs over \$900 if rabies is not ruled out in the animal through laboratory testing.

This Service is Primarily Used By

People in Whatcom County who swim in pools or spas, stay in RV parks or camps, or are exposed to potentially rabid animals like bats. Children in schools.

INDICATORS	Whatcom County Actual						County '96-'00	State '96-'00
	'96	'97	'98	'99	'00	'01	5 Yr. Avg. Rate	5 Yr. Avg. Rate
Drowning cases	2	0	1	1	3		0.87 (per 100,000)	1.43 (per 100,000)
Percent of water recreation facilities that receive at least 1 annual routine inspection				100	100	100		
Percent of re-inspections completed within 30 days				100	100	100		
Percent of school facilities constructed or remodeled receiving plan review approval prior to construction				100	100 (4)	100 (5)		
Rabies post-exposure series administered			9	9	3	20		

Indicator Data Interpretation

Schools are a special environment that receives oversight and services from the Living Environment program. We have an excellent track record in completing 100% of required plan reviews for new and remodeled construction in schools.

Twenty individuals required rabies post-exposure prophylaxis treatment last year. The increase is due primarily to several family members potentially exposed when a bat was discovered in a home.

The drowning death rates are for Whatcom County residents, not necessarily deaths that occur in Whatcom County. It is possible that the number of drowning incidents in Whatcom County is not accurately reflected in this data. When visitors drowning incidents are included, the rates of drowning for the State may be more indicative of the actual drownings occurring in Whatcom County.

We have over 140 public swimming pools and spas on our inventory. Pools also represent a potential exposure for enteric pathogens as describe in the Food Program section. Inspections for pools are routinely at 100%.

2001-2002 Accomplishments

- In cooperation with the City of Bellingham and the Whatcom County Parks Department, water recreational areas have been monitored for biological pathogens. Designated swim beach areas at Lake Padden, Lake Samish, and Bloedel-Donovan Park are monitored throughout the summer season.
- Technical assistance and training has been provided for operators of swimming pools. The most recent training course held in the spring of 2002.

Program Changes for 2003

- One of our staff has been selected received a scholarship to attend the “Tools for Schools” national symposium on school indoor air quality during August 2002. The new knowledge and skills obtained by our employee will allow us to focus more attention on Indoor Air quality in schools.

LIVING ENVIRONMENT	# of FTEs = 0.6
Direct Expenditure	41,435
Indirect Costs	10,333
Total Program Expenditure	51,768
Revenue	44,100
County Contribution	7,668

ON-SITE SEWAGE PROGRAM
FY 2003 Work Plan
Cost Center – 654200

654300 – Interlocal Agreement

Vision:

Minimize public exposure and environmental impacts related to biological and chemical hazards by ensuring the proper disposal of sewage.

Description of Service

Program activities include: System design and installation inspections, permit issuance, complaint investigations, regulatory enforcement, licensing program for OSS Professionals, surveys, and public education programs.

Purpose and/or Benefit of Providing Service

Reduction of health costs by prevention of exposure of citizens to disease causing bacteria and viruses. There are over 100 different types of infections caused by viruses in sewage, i.e., gastroenteritis, meningitis, poliomyelitis, conjunctivitis, hepatitis, diarrhea and upper respiratory illnesses to name a few. Bacteria and viruses have been the principal causes of disease outbreaks related to groundwater contamination by septic systems. Failures of on-site sewage systems can result in contamination of the surface of the ground and be a source of direct exposure to humans.

This Service is Primarily Used By
All citizens of Whatcom County.

INDICATORS	Whatcom County Actual					
	'96	'97	'98	'99	'00	'01
Number of on-site sewage complaints	168	201	200	162	147	163
O&M Information packets distributed			3,000	5,900	6,000	5847
Percent of septic tanks pumped			5.6% (1,414)	8.4% (2,121)	7.2% (1,820)	6.6% (1780)

Indicator Data Interpretation

Complaints from the public about malfunctioning systems are frequent. Our staff responds to all complaints and initiates appropriate actions to abate any hazards.

Proper operation and maintenance of on-site sewage systems will prevent public health hazards and environmental contamination. We distributed nearly 6000 Operation & Maintenance information packets last year and over 20,000 in the last 4 years.

The pumping rate for septic tanks is another measure of proper operation and maintenance. A rate of 20% would be indicative of a pumping frequency averaging once every 5 years. This is a reasonable goal to strive for, but we have considerable work ahead of us to see an elevation of the current rates, which have been well below 10% for the last 4 years.

2001-2002 Program Accomplishments

- Produced and distributed 30,000 newspaper inserts containing extensive and detailed information about OSS use and environmental impacts of failing systems. The insert was distributed throughout rural areas of Whatcom County using local newspapers and was mailed to all Lake Whatcom watershed residents with OSS.

Program Changes for 2003:

- Develop and propose regulatory changes for all sensitive areas in the county to provide an increased level of protection.
- Develop and institute enhanced education, and technical assistance to improve operation and maintenance as evidenced by an increase of pumping rate to 10% in the Lake Whatcom Watershed.

ON-SITE SEWAGE PROGRAM	# of FTEs = 4.3
Direct Expenditure	289,166
Indirect Costs	72,113
Total Program Expenditure	361,279
Revenue	368,800
County Contribution	(7,521)

SOLID WASTE PROGRAM
FY 2003 Work Plan
Cost Center - 655200

Vision:

The community will be protected from disease, including adverse health effects from toxic substances or physical injury associated with the management of solid waste materials which include garbage, refuse, demolition waste and biomedical waste.

Description of Service

The regulation of solid waste management and disposal practices through public education and enforcement. Principal activities are facility permitting, monitoring and complaint investigations and regulatory enforcement.

Purpose and/or Benefit of Providing Service

Solid waste facilities, if improperly designed or operated, can create serious public health and environmental impacts. These include ground and surface water contamination, toxic/explosive gas generation and proliferation of disease carrying rats and flies. There is a widely accepted association between disease occurrence and improper waste management practices. Health impacts associated with unregulated landfills, residential garbage accumulations, animal manure accumulations, improper handling and treatment of biomedical waste and illegal dumping, can be significant.

This Service is Primarily Used By

Solid waste facility owner/operators, residents of Whatcom County, and visitors.

INDICATORS	Whatcom County Actual					
	'96	'97	'98	'99	'00	'01
Number of illegal dumpsites ¹	7	14	2	8	3	10
Number of solid waste complaints	91	109	100	124	148	157
Plan of Operation Amendments	5	4	7	9	5	4
New Solid Waste Facility Applications	2	1	0	1	1	1

¹ Complaint system recorded dumpsites. Includes high volume & multiple users or a single user over a long period of time.

Indicator Data Interpretation

There has not been an explosive growth of solid waste sites within Whatcom County. However, complaints about solid waste have climbed steadily. This could be attributed to programs that we have instituted to encourage citizens to report illegal dumping activity. Additionally, problems with odor and other environmental impacts from mushroom composting operations and medical waste handling facilities have resulted in many more complaints to the Health Department.

2001-2002 Accomplishments

- Biomedical waste regulations were amended to provide provisions for the disposal of treated sharps generated by small quantity generators

Program Changes for 2003

- Implement regulatory revision to the State's Solid Waste Rules.

SOLID WASTE PROGRAM	# of FTEs = 2.5
Direct Expenditure	172,123
Indirect Costs	42,924
Total Program Expenditure	215,047
Revenue	117,293
County Contribution	97,754

CHEMICAL/PHYSICAL HAZARDS PROGRAM

FY 2003 Work Plan

Cost Center – 656200

656300 – Site Hazard Assessment

Vision:

Achieve and maintain appropriate management of toxic and hazardous substances in order to prevent adverse human health and environmental effects associated with exposure to these substances.

Description of Service

Emergency response and evaluation of chemical spills and releases and investigation of contaminated sites, participation in county-wide emergency planning, public education and information regarding hazards related to chemical exposure and consumer products, lead exposure evaluations for children with elevated blood lead and illegal drug lab investigations.

Purpose and/or Benefit of Providing Service

Toxic materials, chemical exposures and physical hazards present a number of potential and obvious public health concerns. If toxins are improperly managed, they will either chronically or acutely affect public health. By providing this service to the community, citizens can be assured of timely, local responses to emergency events and accurate information concerning the hazards present in our community. Information related to the issues addressed by this service would be difficult for citizens to obtain at a state level. This service is a good value to taxpayers because it allows for immediate local response during emergencies, proactive planning for emergency response and timely public notification and education related to chemical and physical hazards and emergency events.

This Service is Primarily Used By

Whatcom County residents and visitors.

INDICATORS	Whatcom County Actual						State Actual					
	'96	'97	'98	'99	'00	'01	'96	'97	'98	'99	'00	'01
Number of individuals with adverse outcomes as a result of exposure to hazardous substance emergency events/year/100,000 population ¹	10.1	12.2	10.2	5.4	1.8	.59	10.1	9.5			8	6.7
Number of hazardous substance emergency events/100,000 population ²	20.2	6.6	3.8	9.0	54	46		8.5	6.9	60	56	63
Number of ranked contaminated sites waiting cleanup/year/100,000 population ³	14.2	10.2	14.7	12.4	14.4	15		12.9	26.6	13.8	14.8	14.1

¹ Source is DOH, Hazardous Substance Emergency Event Surveillance. Rate based on number of people admitted and/or treated at a hospital.

² County Data from Emergency Management HazMat Incident Summary.

³ Source is Department of Ecology, Hazardous Sites List

INDICATORS							Rate Comparisons	
	Whatcom County Actual						County '93-'01	State '93-'01
	'96	'97	'98	'99	'00	'01	8-year period	8-year period
Children tested with blood lead concentrations over 10ug/dl				5	2	1	1.6%	2.5%

Indicator Data Interpretation

Emergency events for hazardous substances have increased substantially in the last three years in Washington and the last two years in Whatcom County. Since 1999, the Whatcom County Health Department has responded to 5 clandestine methamphetamine labs. The rates of adverse health outcomes associated with hazardous substance emergency events have been lower in Whatcom County than the State rates for the last three years. Contaminated sites awaiting cleanup have remained relatively constant over the last 4 years.

In Whatcom County a lower proportion of children tested showed elevated blood lead levels when compared with the state. Nearly three kids out of every 200 has shown an elevated blood-lead level. Blood lead testing is not done universally in all children. The proportions cited may be higher than the general population because these children were probably tested during a diagnostic work-up.

2001-2002 Accomplishments

- A fuel spill in May of 2002 required quick action to assess potential health impacts in the affected area.
- Additional Assessment of the Y-Road Landfills is currently underway. Ground water quality and landfill gas will be monitored to evaluate potential impacts.
- In conjunction with the State DOH, we issued a Fish Consumption Advisory for certain edible species of fish in Lake Whatcom due to elevated levels of mercury.
- Responded to 5 illegal drug lab incidents.

Program Changes for 2003

- Additional staffing will be added to develop department wide emergency response plans, procedures and protocols.
- Develop protocols for illegal drug lab investigations and assure that our employees are provided with occupational health protection.
- Work with the Department of Health to complete an evaluation of mercury contamination to fish and shellfish found in Bellingham Bay.
- Complete USGS Mercury Source Investigation of Lake Whatcom.

CHEMICAL/PHYSICAL HAZARDS PROGRAM	# of FTEs = 1.2
Direct Expenditure	83,044
Indirect Costs	20,710
Total Program Expenditure	103,754
Revenue	87,000
County Contribution	16,754

Note: The following Administrative costs and revenues are distributed proportionately to health department programs to illustrate their actual costs.

ENVIRONMENTAL HEALTH ADMINISTRATION	# of FTEs = 4.0
Direct Expenditure	238,867
Indirect Costs	(78,867)
Total Program Expenditure	160,000
Revenue	160,000
County Contribution	-0-

COMMUNITY HEALTH DIVISION

MATERNAL AND CHILD PROGRAMS

FY 2003 Work Plan

621201 – Maternity Support Service	621210 – Maternity Case Management
621230 – Healthy Families	621240 – Health Supervision
621401 – Child Care	621460 – Child Death Review
621430 – CPS	621440 – Passport
621450 – Injury Prevention	621480 – Bright Futures

Vision:

Conception and pregnancy will occur under circumstances of lowest risk and all infants and children will receive appropriate services to optimize growth and development.

Description of Service

We provide prenatal and postpartum home visits to families with risk factors, e.g., teens, homeless, chemically dependent, and depressed women as part of a comprehensive system of integrated care, including child care, employment support, health care and emotional support. We focus on injury prevention through car seat promotions and child death reviews that assess why child deaths are occurring. We provide childcare health and safety consultation. We have a contract with DSHS to develop health passports for children in foster care.

Purpose and/or Benefit of Providing Service

Pregnant women at risk for poor birth outcomes are identified and assisted to access services. At-risk families are supported and services coordinated. Children at risk of abuse and neglect are visited in their homes as nurses help the parents to learn positive parenting skills. Car seat inspections reduce injury and death. Childcare consultation increases the quality of health in children and providers by reducing injury and illness.

This Service is Primarily Used By

Pregnant women and families with infants and children, other community agencies.

INDICATORS	Whatcom County Actual					County 1997-00	State 1997-00
	'97	'98	'99	'00	'01	4 Yr. Avg. Rate	4 Yr. Avg. Rate
Number of low birth weight infants (live births < 5 lbs., 8 oz.)	94	84	99	96		4.6 (per 100 births)	5.7 (per 100 births)
Number of births to teens under 18	68	76	78	66		3.6 (per 100 births)	3.7 (per 100 births)
Number of deaths for children 0-17 years from all causes	18	16	18	15	10	41.8 (per 100,000)	52.0 (per 100,000)
Percent of unplanned pregnancies in local First Steps women		71%	77%	70%	72%		
Percent of local First Steps women who smoke		36%	35%	36%	29%		
Number of problems identified at car seat inspection clinics				183	351		
Number of car seats inspected			120	127	229		
Number of home visits			2,686	2,416	2,342		

Indicator Data Interpretation

Whatcom County has fewer low birth weight babies born compared to Washington State which indicates that our overall system of care in Whatcom County is reasonably effective. The actual numbers of low birth weight babies have not changed significantly over the past 4 years.

Births to teens under 18 have not changed significantly either, although there may be a downward trend beginning. The Whatcom County rate is about the same as the rest of Washington State.

The number of children under 18 who die in Whatcom County has not changed significantly over the past 5 years and the average County rate is lower than the State rate.

Low-income (those on medical coupons) have much higher numbers of “unplanned” pregnancies as compared to the county as a whole – 73% average versus 48% (from Pregnancy Risk Assessment Monitoring System). To assist women in family planning, we refer them to the new “Take Charge” program that provides free reproductive health services for eligible men and women. As that program expands, we expect the number of unplanned pregnancies to decrease.

The number of low-income women who smoke (4 year average of 34%) is higher than the general population in Whatcom County (19% according to 1996 Behavioral Risk Factor Survey). Since smoking during pregnancy is a risk factor for low birth weight and Sudden Infant Death Syndrome (SIDS), we focus on helping women quit all tobacco use during and after pregnancy.

We continue to conduct car seat inspections and identify almost always more than one problem with each car seat. We have utilized funding from the Child Death Review grant to purchase more car seats to distribute to low-income families.

2001-2002 Accomplishments

- For the past four years, we have collected information about low-income pregnant women enrolled in Washington State's First Steps program (those on medical coupons). The findings from data collected in 2001 were most dramatic in the area of self-identified depression – 51% of the women said they were depressed during the pregnancy or had a history of depression and thus were at much higher risk for postpartum depression. This information has been shared in the healthcare community and as a result, St. Joseph will sponsor a conference that will feature a renowned psychiatrist with a specialty in prenatal and postpartum mental health disorders in the fall of 2002.
- We almost doubled the number of car seats inspected in 2001 compared to prior years. This effort is part of a Whatcom County coalition that includes police and traffic safety programs.
- With funding from the Child Death Review grant, we developed information sheets about traffic safety and distributed those to policy makers and community organizations. In addition, we distributed over 300 bike helmets and reflectors to children throughout the county.

Program Changes for 2003

- First Steps data collection and reporting that was utilized in the above indicators has been discontinued in 2002 as a result of decreased DSHS funding.
- The School nurse contract with Meridian School District has been discontinued as of June 21, 2002 and will not be reinstated. We are supporting their plan to hire their own staff.
- The Bright Futures project will continue through April 15th of 2003, the end of the current funding period. Extension of funding is not anticipated. There will be an evaluation of the project outcomes.

MATERNAL & CHILD PROGRAMS	# of FTEs = 9.6
Direct Expenditure	511,231
Indirect Costs	96,317
Total Program Expenditure	607,548
Revenue	236,234
County Contribution	371,314

CLINICAL CHILD HEALTH PROGRAMS

FY 2003 Work Plan

621410 – Juvenile Detention 621420 – CSHCN

Vision:

Children with special health care needs and adolescents in Juvenile Detention will receive appropriate services to optimize health, growth and development.

Description of Service

We provide family support, care coordination, resource and referral, coordination of specialty and interdisciplinary clinics, consultation and collaboration with community health, educational, and social service providers for families with special needs children. We provide health services for adolescents in Juvenile Detention

Purpose and/or Benefit of Providing Service

We provide unique expertise for children with special health care needs and we ensure that these families have access to and adequate knowledge to utilize appropriate services. Juvenile Detention is required to provide health care services for adolescents in their facility.

These Services are Primarily Use By

Special needs children and their families, adolescents in detention, referring health care providers.

INDICATORS	Whatcom County Actual				
	'97	'98	'99	'00	'01
Number of Juvenile Detention clinic visits			1277	1122	1202
Number of Specialty Clinic Visits			180	216	143
Percent of children 0–9 years with special health care needs identified by HD		0.5 % (121)	0.4% (81)	0.7% (156)	0.6% (132)

Data Interpretation

The number of visits at the 64 bed Juvenile Detention facility does not vary significantly from year to year because it is almost always filled to capacity. Current staffing levels appear to be meeting the need for health care services.

We have several Specialty Clinics – Early Childhood Assessment, Genetics and Rehab – which are held on a regular basis and accept referrals from healthcare providers and self-referrals from the community after a screening process. The number of children screened varies depending on staff and consultant availability as well as number of referrals received.

The number of children newly enrolled in our Children with Special Health Care Needs program varies somewhat from year to year and averages about 0.6% of the population of children aged 0 to 9 years.

2001-2002 Accomplishments

- Services for Children with Special Health Care Needs (CSHCN) continue to expand with the addition of a Developmental Pediatrics Clinic. A developmental pediatrician will evaluate children under age 13 in order to identify and address medical conditions associated with behavioral and or developmental disorders. This clinic came about as a result of a two-year multi-agency community effort.

Program Changes for 2003

- The new Developmental Pediatrics Clinic will continue as grant funding is pursued and received.

CLINICAL CHILD HEALTH PROGRAMS		# of FTEs = 4.1
Direct Expenditure		227,093
Indirect Costs		42,785
Total Program Expenditure		269,878
Revenue		181,081
County Contribution		88,797

SEXUALLY TRANSMITTED DISEASES PROGRAMS

FY 2003 Work Plan

Cost Center – 623200

623201 – Child Sexual Assault Clinic

623450 – STD Surveillance

Vision:

Reduce number and health consequences of sexually transmitted diseases (STD) through diagnosis, treatment, surveillance and prevention education.

Description of Service

We provide a child sexual assault clinic for non-emergent cases. We conduct STD case finding and contact follow up. We administer various vaccines to adolescents and others with high-risk behaviors. We provide community and healthcare provider education, consultation and technical assistance.

Purpose and/or Benefit of Providing Service

Child Sexual Assault Clinic is an integral part of a community approach (law enforcement, social services and clinical medicine) to address child sexual assault. Vaccine clinics for targeted populations are a proven method of prevention. Healthcare provider education assures accurate information in the community and is part of our quality assurance role in STD prevention.

This Service is Primarily Used By

Whatcom County children and adolescents and health care providers.

INDICATORS	Whatcom County Actual					County 1996-00	State 1996-00
	'97	'98	'99	'00	'01	5 Yr. Avg. Rate	5 Yr. Avg. Rate
Number of reported Chlamydia cases	235	252	280	238	254	124.8 (per 100,000)	185.5 (per 100,000)
Number of reported Gonorrhea cases	12	12	19	12	23	8.5 (per 100,000)	35.1 (per 100,000)
Number of reported Syphilis cases	6	4	0	1	4	1.8 (per 100,00)	2.7 (per 100,000)
Percent of reported STDs receiving recommended treatment		92%	95%	95%	92%		
Number of children referred to the Child Sexual Assault Clinic	31	37	48	48	63		

Indicator Data Interpretation

The number of cases of selected sexually transmitted diseases has not changed significantly in Whatcom County over the past 5 years with the exception of a slight increase in gonorrhea cases in 2001. It is too soon to interpret this increase as a trend. The average Whatcom County rate of these same diseases between 1996 and 2000 is less than the State average.

Our surveillance system continues to conduct quality assurance by tracking the number of reported STDs cases who receive appropriate medications. This percentage remains about the same over the past 4 years.

An increase in the number of children seen in the Child Sexual Assault Clinic indicates successful identification and system collaboration

2001-2002 Accomplishments

- We initiated outreach and vaccine administration to populations at high risk for hepatitis B, which can be sexually transmitted. We provided a copy of the new Center for Disease Control and Prevention (CDC) Recommendations for STD Treatment to each healthcare provider in Whatcom County.

Program Changes for 2003

- We plan to increase our STD surveillance capacity by improving our tracking system and training staff in data analysis and interpretation.
- We will be eliminating our Teen Clinic due to the continued low client attendance – an average of 4 clients per week for 6 hours of clinic time. We will develop a referral system with community providers to assure clients have access to care.

SEXUALLY TRANSMITTED DISEASES PROGRAM		# of FTEs = 1.0
Direct Expenditure		75,682
Indirect Costs		14,259
Total Program Expenditure		89,941
Revenue		17,267
County Contribution		72,674

BLOODBORNE DISEASES PROGRAMS

FY 2003 Work Plan

Cost Center – 623400

623401 – HIV Admin

623420 – Education

623410 – HIV Counseling/Testing

623430 – High Risk Prevention

Vision:

Reduce the health consequences of bloodborne diseases through counseling, testing referrals, surveillance and prevention education.

Description of Service

We provide HIV antibody counseling and testing to high-risk persons; prevention education, consultation and technical assistance to community service agencies, schools, substance abuse treatment facilities, and healthcare providers. We also participate in planning at the local and regional level for partner notification, mandatory testing, volunteer, case management and other care services; We conduct case finding and follow up on reported cases of AIDS and HIV infection. We provide targeted outreach to populations at greatest risk including needle exchange program.

Purpose and/or Benefit of Providing Service

We assure the following - clients receive appropriate services, compliance with state regulations, coordination of services and periodic assessment of needs/barriers/gaps. We work to prevent new cases of disease and decrease health care costs through prevention strategies.

This Service is Primarily Used By

Whatcom County residents, substance abuse treatment facilities, community agencies.

INDICATORS	Whatcom County Actual				
	'97	'98	'99	'00	'01
Number of reported AIDS cases	18	10	9	4	5
Number of HIV tests done	661	722	786	667	477
Number of needles exchanged in Needle Exchange Program			1,729	16,298	37,130
Number of individuals participating in NEP referred to drug treatment			13	29	13

Indicator Data Interpretation

The number of AIDS cases is decreasing in Whatcom County. This mirrors the trend seen throughout Washington State. HIV testing continues to be offered to individuals who can identify a risk factor, but shows a slight decrease in 2001. This is probably a reflection of unfilled staff positions and not a decrease in the number of high-risk individuals.

The number of needles exchanged in the Needle Exchange Program continues to increase, thus removing potentially contaminated needles from the community and providing risk reduction education to a wider audience. Since the arrival of new staff in 2002, the numbers continue to increase.

The number of individuals referred to treatment has not been tracked consistently due to changes in staff so this is probably an undercount.

2001-2002 Accomplishments

- We successfully recruited program supervisor in summer 2001 and an Outreach Coordinator in spring 2002. With full staffing, the program will be at a level to provide efficient prevention services to the community.

Program Changes for 2003

- Outreach efforts will be expanded to increase the number of clients who use the Needle Exchange Program. In addition, we will focus on new strategies to increase the number of Needle Exchange clients referred to and entering treatment.
- Revised HIV/AIDS interventions are being developed and will be implemented in 2003.

BLOODBORNE DISEASES PROGRAM	# of FTEs = 4.1
Direct Expenditure	225,005
Indirect Costs	42,391
Total Program Expenditure	267,396
Revenue	132,940
County Contribution	134,456

PUBLIC HEALTH NUTRITION PROGRAMS

FY 2003 Work Plan

Cost Center – 625200

625201 – WIC 625250 – General Nutrition 625270 – MSS Nutrition

Vision:

Reduce infant and child morbidity and mortality through nutrition education, food supplements, monitoring and referrals for pregnant women, infants, children and the community.

Description of Service

The program serves as an adjunct to good health care for pregnant and breastfeeding women and their children during critical times of growth and development in order to prevent the occurrence of health problems and to improve the health status of the target population. The program also conducts semiannual nutrition evaluations of the jail menu and provides nutrition consultation to other community programs and healthcare providers.

Purpose and/or Benefit of Providing Service

It has been scientifically proven that WIC reduces fetal deaths and infant mortality; reduces low birth weight rates and increases the duration of pregnancy thus decreasing premature births; improves the growth of at risk infants and children; and decreases the incidence of iron deficiency anemia in children. WIC saves Medicaid dollars - every WIC dollar spent saves between \$1.92 and \$4.21 in health care costs paid by Medicaid for WIC mothers and their newborns during the first 60 days after delivery. On the average, \$117,000 in WIC vouchers is redeemed each month at local grocery stores.

This Service is Primarily Used By

Pregnant, breastfeeding and postpartum women, infants and children up to age five who meet medical and financial eligibility requirements.

INDICATORS	Whatcom County Actual					Whatcom 1997-01	WA State 1997-01
	'97	'98	'99	'00	'01	5 Yr. Avg.	5 Yr. Avg.
Percent of WIC women who initiated breast-feeding	74%	73%	85%	83%	86%	80.2%	73.4%
Percent of WIC caseload receiving services	100% (2100)	99% (2100)	98% (2100)	100% (2100)	109% (2100)		

Indicator Data Interpretation

The total number of clients served by all the WIC sites in Washington State is at an all time high, with a statewide participation rate of 155,168 in January 2002 (106% of their authorized caseload). This is also true in our community - the Health Department WIC program served 109% of their minimum caseload for 2001. This WIC program is the largest of 4 programs in the county. A decrease in Washington State's funding of the TANF (Temporary Aid to Needy Families) and Food Stamp programs has caused an increase in clients seeking alternatives including WIC.

Increasing the number of women who breastfeed their infants is one of the top priorities of the WIC program. Our site has been very successful in addressing this as shown by the percent of our clients initiating breastfeeding continuing to increase over the past 5 years. In addition, our 5-year average of 80.2% is higher than the State 5-year average of 73.4%.

2001-2002 Accomplishments

- We supported the new ABCD oral health program by ensuring that children enrolled in WIC were referred to the program.
- We also successfully installed new State-issued computers and new software to track WIC clients.

Program Changes for 2003

- There will not be any major new initiatives in 2003, but we will continue to focus on breastfeeding initiation and we will be working with the Immunization Program addressing immunization rates of children.

PUBLIC HEALTH NUTRITION PROGRAMS	# of FTEs = 8.15
Direct Expenditure	424,991
Indirect Costs	80,069
Total Program Expenditure	505,060
Revenue	283,580
County Contribution	221,480

ACCESS TO BABY AND CHILD DENTISTRY (ABCD)

FY 2003 Work Plan

Cost Center - 625410

Vision:

To reduce the incidence of oral health disease in Whatcom County children.

Description of Service

The ABCD Program is a grant-funded initiative to increase access to, and utilization of, dental services for Medicaid eligible children from birth through five years of age. Involves working collaboratively with DSHS/MAA, St. Joseph Hospital, local physicians and dentists and coordinating training and referrals for local dentists who are interested in becoming ABCD providers.

Purpose and/or Benefit of Providing Service

The purpose of the ABCD project is to reduce the incidence of early childhood caries by increasing access to early preventive and restorative treatments including oral hygiene instruction and to improve life-long oral health practices.

This Service is Primarily Used By

Medicaid eligible children up to age six.

INDICATORS	Whatcom County Actual			County 1999-01 3 Yr. Avg.	State 1999-01 3 Yr. Avg.
	'99	'00	'01		
Percent of Medicaid eligible children aged 0-5 who received dental services	29%	30%	34%	31%	24%
Number of children enrolled in ABCD		375	1,301		
Percent of ABCD children who have had at least one ABCD dental visit during the year			63%		

Indicator Data Interpretation

Oral health disease is a major public health problem with a low percentage of Medicaid-eligible children accessing dental services. The dental service utilization rate for the target population has improved in the last 3 years in Whatcom County and our 3 year average is higher than the state average. In addition, 63% of the children enrolled in the ABCD Program in 2001 had at least one ABCD dental visit during the year.

2001-2002 Accomplishments

- As a result of increased dental capacity, a partnership has formed between local physicians, dentists, St Joseph Hospital and Whatcom County Health Department in order to promote increased involvement of primary care medical providers in preventive oral health services for young children.

- This collaboration has resulted in the development of standardized oral health guidelines and accompanying educational pamphlets for primary care providers and for parents. Promotion for these guidelines and pamphlets will begin in 2002 with full implementation in the primary care setting expected during 2003.

Program Changes for 2003

- An anticipated result of the partnership between physicians and dentists is a substantial increase in referrals to ABCD from primary care providers.
- We also project that local dental service utilization will continue to improve based on the increasing number of children enrolled in the ABCD program.

<i>ACCESS TO BABY & CHILD DENTISTRY (ABCD)</i>	<i># of FTEs =1.15</i>
Direct Expenditure	65,886
Indirect Costs	12,413
Total Program Expenditure	78,299
Revenue	72,600
County Contribution	5,699

IMMUNIZATION PROGRAMS

FY 2003 Work Plan

Cost Center - 627200

627210 – General Immunizations

627220 – Vaccine Inventory

627230 – Provider Education

Vision:

To eliminate vaccine-preventable diseases in Whatcom County.

Description of Service

Health Department nurses administer vaccines to both children and adults, but the majority of childhood vaccines are administered by pediatricians and family physicians. We assure these vaccines are administered according to established public health recommendations and that proper handling and storage of the vaccines is occurring. Educational presentations and consultations are provided to health care providers. We assess immunization levels in target populations. We promote immunization throughout the lifespan using various health education methods.

Purpose and/or Benefit of Providing Service

Immunizations work: smallpox was eradicated from the world, and polio virus transmission in the Western Hemisphere appears to have stopped. Every dollar spent on MMR vaccine saves medical care costs. The capacity to respond to a vaccine-preventable disease outbreak is the responsibility of public health. Assessment of immunization rates can identify populations at risk. Our quality assurance activities with private providers help improve immunization practices.

This Service is Primarily Used By

Adults and children of all income levels and healthcare providers.

INDICATORS	Whatcom County Actual			
	'98	'99	'00	'01
Number of doses of vaccine administered in HD clinics	8,047	3,981	2,901	3,241
Number of doses of children's state-supplied vaccine distributed to medical offices	52,000	53,044	53,728	53,687

Indicator Date Interpretation

The table demonstrates that public health's focus has shifted from the actual administration of vaccines to assuring that vaccines are provided to the community. This strategy reaches far more people, thus providing better protection for the community. Part of the strategy includes assessing immunization rates.

2001-2002 Accomplishments

- An immunization survey conducted in 2001 showed the immunization rate for Whatcom County two-year-olds is below the public health standard of 90%, indicating that our community is at some risk for outbreaks of certain vaccine-preventable diseases. We will need multiple strategies to improve these rates. Pediatricians and family physicians administer most

of the vaccine given to Whatcom County children, so they will need to be involved in developing and implementing strategies.

Program Changes for 2003

- One of the recommendations in the report of the immunization survey was to convene a group of health care professionals and community partners to develop strategies to increase immunization rates for two-year-olds. The group will form in 2002, and will continue in 2003. Quality assurance activities with all health care providers who receive publicly-funded vaccine will continue with an increased emphasis on assessment of immunization rates in the practices.

IMMUNIZATION PROGRAMS	# of FTEs = 3.3
Direct Expenditure	203,370
Indirect Costs	38,315
Total Program Expenditure	241,685
Revenue	85,929
County Contribution	155,756

TUBERCULOSIS PROGRAMS

FY 2003 Work Plan

Cost Center – 627400

627401 – TB Services

Vision:

Reduce tuberculosis transmission by early identification and treatment of active disease and latent TB infection.

Description of Service

We identify and appropriately treat persons with TB disease. We identify contacts to persons infected with TB, screen them for infectious disease and treat as appropriate. We screen persons at high risk for developing TB disease and provide outreach to high-risk populations. We educate the public and health care providers about TB and its medical management. We conduct surveillance of TB disease, analyze trends and keep the community informed of any outbreaks.

Purpose and/or Benefit of Providing Service

The entire community benefits from TB control. One person with infectious TB can infect many others who might then develop active TB disease that is infectious. TB program staff help people successfully complete treatment thus decreasing the transmission of disease to the rest of the population. Most physicians in private practice will never see a case of TB, so the health department's role in diagnosis, treatment, and prevention of TB is important in controlling the disease.

This Service is Primarily Used By

Persons with possible exposure or who already have TB infection or disease. Those required to obtain TB skin tests, and populations at risk for TB. Clients referred by other health care providers.

INDICATORS	Whatcom County Actual					County 1997-00	State 1997-00
	'97	'98	'99	'00	'01	4 Yr. Avg. Rate	4 Yr. Avg. Rate
Number of active TB cases	4	5	1	3	7	2.05 (per 100,000)	4.76 (per 100,000)
Number of pediatric TB cases (Target 0)	0	0	0	0	0		
Percent of people with active TB completing treatment (Target 90%)	100%	100%	100%	100%	100%		
Percent of people completing treatment of latent TB (Target 75%)	66%	64%	53%	52%	56%		
Number of skin tests administered by HD	1,676	2,059	2,054	2,007	2,131+		

Indicator Data Interpretation

Although we do not have a high rate of active disease cases compared to Washington State as a whole, tuberculosis is a significant public health problem in Whatcom County. There was an increase in the number of cases in 2001 compared to the prior 2 years.

We focus on our highest priority - treatment of cases and follow-up of contacts to control the spread of disease. Directly-observed treatment (trained staff giving medications in client's home) for those with active TB disease has been very successful in Whatcom County. However, our completion rate of 56% for treatment of latent TB is significantly below the 75% target. We will need additional resources to impact this lower priority but still significant problem.

2001-2002 Accomplishments

- We successfully responded to an exposure of active tuberculosis in the Whatcom County Jail. Over 500 individuals were identified as being exposed. We conducted extensive follow-up, including home visits, to inform and test contacts. In addition, we provided directly observed therapy and other support services to the person with the case of active tuberculosis and his family and friends.

Program Changes for 2003

- We hope to increase our outreach to the Russian-Ukrainian population. We will continue to increase our "surge capacity" and improve the TB infrastructure for responding to mass exposures or an outbreak of TB. One infrastructure improvement will be the implementation of new software to track TB program activities.

TUBERCULOSIS PROGRAMS	# of FTEs = 3.9
Direct Expenditure	237,364
Indirect Costs	44,720
Total Program Expenditure	282,084
Revenue	24,500
County Contribution	257,584

COMMUNICABLE DISEASE PROGRAMS

FY 2003 Work Plan

Cost Center 627600

627640 - Threats, Outbreaks, Exposures (TOE)
62764 - Outbreak Specific Codes

627610 - CD Investigation
627601 – Employee Health

Vision:

Prevent morbidity and mortality from communicable diseases by limiting their spread.

Description of Service

We conduct case investigations of certain reportable conditions (interviewing an individual who is sick, identifying and informing others who are at risk of getting the disease, and taking appropriate actions to minimize spread to others). We provide consultation and education to the public and health care providers. We conduct surveillance of diseases and analyze trends. We provide response to outbreaks and are responsible for bioterrorism preparedness.

Purpose and/or Benefit of Providing Service

The program is critical for assuring the control of communicable diseases in Whatcom County. Prompt investigation of communicable diseases decreases the potential for additional cases and may prevent a major outbreak. Surveillance identifies populations at risk, new disease trends, emerging communicable diseases, and provides information for future public health planning.

This Service is Primarily Used By

Any resident of Whatcom County who has a reportable condition or who is a contact to someone with certain communicable diseases, the medical community, schools and settings where exposures may occur.

INDICATORS	Whatcom County Actual					County 1997-00	State 1997-00
	'97	'98	'99	'00	'01	4 Yr. Avg. Rate	4 Yr. Avg. Rate
Number of reported pertussis cases	28	10	8	11	26	9.02 (per 100,000)	8.96 (per 100,000)
Number of reported hepatitis A cases	31	9	13	3	2	8.43 (per 100,000)	12.02 (per 100,000)
Number of reported hepatitis B cases	3	0	4	5	29	1.87 (per 100,000)	2.04 (per 100,000)
Number of reported measles cases	0	0	0	0	0		

Indicator Data Interpretation

We responded to several major communicable disease events in 2001. The number of pertussis cases in 2001 more than doubled over the previous year. Also, Whatcom County is experiencing an outbreak of acute hepatitis B – affecting many injection drug users and their sex partners. In addition, but not illustrated in the indicator data are the many hours of staff time devoted to responding to bioterrorism concerns after the anthrax cases were identified in the eastern U.S.

Hepatitis A cases have decreased in the last 5 years, but historically have had 5 – 10 year cycles, so we will continue our usual surveillance and provide targeted intervention if the number of cases begins to increase in the future.

2001-2002 Accomplishments

- We managed three long-lasting communicable disease “events” that occurred while there was a TB exposure in the Whatcom County jail and staff were diverted to the TB program for follow-up on hundreds of contacts. This situation demonstrated that our capacity to maintain multiple lengthy outbreak responses at the same time is limited.

Program Changes for 2003

- In 2003 we will continue to improve our outbreak response by cross-training more staff in communicable disease investigations, improving our surveillance systems, expanding assessment capacity, and working with local, state, and federal resources around bioterrorism preparedness.

COMMUNICABLE DISEASE PROGRAMS	# of FTEs = 3.3
Direct Expenditure	194,602
Indirect Costs	36,663
Total Program Expenditure	231,265
Revenue	-0-
County Contribution	231,265

Note: The following Administrative costs and revenues are distributed proportionately to health department programs to illustrate their actual costs.

COMMUNITY HEALTH ADMINISTRATION	# of FTEs =1.0
Direct Expenditure	215,003
Indirect Costs	(215,003)
Total Program Expenditure	1,500
Revenue	1,500
County Contribution	-0-

HUMAN SERVICES DIVISION

MENTAL HEALTH PROGRAM

FY 2003 Work Plan

Cost Center – 671200

General Fund Services - 671300

Vision:

To assure that Medicaid-eligible consumers in Whatcom County have access to timely, high quality, age/culturally-appropriate mental health services.

Description of Service

The North Sound Regional Support Network (NSRSN) manages the mental health benefits for all Medicaid-eligible consumers with mental illness in the five County Region. The NSRSN contracts with Whatcom County mental health clinics to provide services to all Medicaid eligible consumers who have mental health needs, as defined in the State-approved Standards of Care Manual. The Whatcom County Mental Health Program provides program planning and quality assurance services for those services provided by local mental health clinics that are contracted with the NSRSN. The County program responds to consumer and families inquiries, conducts the local Crisis Oversight Committee, and assures consumer access to quality mental health services provided by the North Sound Regional Support Network of local provider agencies. The County Program also uses local funds to develop mental health services specific to locally identified needs that are not funded through the NSRSN.

Purpose and/or Benefit of Providing Service

To assure access to mental health services for Whatcom County's Medicaid eligible population. To assure availability of programs that are innovative, cost effective, solution-focused, and consumer-driven. To assure provider compliance with appropriate laws and contractual requirements. When appropriately engaged in services, people with mental illness can lead more satisfying lives, make valuable contributions to our community, and pose much less threat to public safety. Coordinating local services among county behavioral health, law enforcement, other health providers, and consumer groups can improve cost-effectiveness and service quality.

This Service is Primarily Used By

Crisis services (including hospitalization when required) are available to all individuals who have crises in Whatcom County, regardless of funding. Ongoing outpatient services are available to all Whatcom County adults and children with Medicaid funding, and who have acute or chronic mental illness.

INDICATORS	Whatcom County			NSRSN Region**		
	'99	'00	'01	'99	'00	'01
Monthly Average Number of Medicaid Eligible Consumers			23,365 (23.6% of Region)	92,446	100,226	98,851
Monthly Average Number of Clients in Ongoing Outpatient Service			2,355 (10.1% of total eligible locally)	9,511 (10.3% of total eligible)	9,430 (9.4% of total eligible)	7,989 (8.1% of total eligible)
Annual Number of Clients Screened at Crisis Line			16,308 (13.5% of Regional total)	114,600	96,984	119,316
Annual Number of Referrals for Face-to-Face Crisis Outreach			4,872 (25% of Regional total)	17,604	18,768	19,524
Annual Number of Involuntary Detentions	280	344	403	1,039	1,505	1,463

** NSRSN Region = Island, San Juan, Skagit, Snohomish, and Whatcom Counties

Indicator Data Interpretation

These data suggest three trends:

1. The eligible population has grown Region-wide since 1999 despite a small decrease in 2001, and Whatcom County provides outpatient services to a larger proportion of those eligible than do other parts of the Region.
2. The number of acute crises that require immediate attention has increased proportionate to the population over the past three years. However the number of hospitalizations has increased at a dramatically higher rate (25% increases over the past three years Regionally and locally) than has the population.
3. As the eligible population increases, and funds remain constant, more crises and hospitalizations occur. Since emergency and hospital services are the most expensive to provide, we can expect resources to be drawn away from ongoing outpatient care and re-directed to emergency care. This trend is likely to continue.

2001-2002 Accomplishments

- The Regional Support Network (NSRSN) and Associated Provider Network (APN) provider network have contracted with Sound Data Systems to provide a new Management Information System. In future years, the new system will allow improved reporting of data from Whatcom County, the Region, and Statewide. This improved MIS will improve efforts to assure the quality of publicly funded mental health services.
- Continued support for the county's most at-risk consumers by providing specialized housing during consumer transitions to federally funded housing and or independent housing.
- The Mental Health Program also funds several innovative programs, which have received statewide attention. These include a Jail Case Management Program and a consumer-operated Activity Center. The Activity Center included a Peer counseling program, which utilizes trained consumers to provide support and advocacy for other consumers.
- This County Program has also provided leadership in the collaborative development of an innovative crisis "triage" center that holds promise for improving access to ongoing services, while reducing unnecessary use of the County Jail and St. Joseph Hospital Emergency Room.

Program Changes for 2003

- We will seek and apply for grant funding for the planned "Triage" center program.

<i>MENTAL HEALTH PROGRAM</i>	# of FTEs = 0.5
Direct Expenditure	521,116
Indirect Costs	100,575
Total Program Expenditure	621,691
Revenue	310,863
County Contribution	310,828

DEVELOPMENTAL DISABILITIES PROGRAM

FY 2003 Work Plan

Cost Center – 673200

673300 – Child Development

673500 – Pre-vocational

673700 – Group Employment

673900 – Training

673400 – Individual Employment

673600 – Community Access

673800 – Professional Services

Vision

To support individuals with developmental disabilities and their families to assure personal choice for involvement in early intervention, employment and community activities and to ensure that all individuals are treated with dignity, equality and respect.

Description of Service

Provide the following services to the community: 1) information and education; 2) local service coordination, and; 3) comprehensive planning for coordination of local services. Services include Early Intervention Services for children aged birth to three and their families; Employment Services for adults which include Individual Competitive Community Employment, Group Supported Employment and Specialized Industry Employment; community involvement services for people who choose to not access employment opportunities or are in retirement; and professional services to support and promote the mission of the County Developmental Disabilities Program.

Purpose and/or Benefit of Providing Service

The provision of this service is vital in supporting early childhood development, in supporting individuals with developmental disabilities in acquiring and maintaining employment skills, and increasing their active participation in and contribution to the Whatcom County community.

This Service is Primarily Used By

Individuals deemed eligible by the State Division of Developmental Disabilities, and their families.

INDICATORS	Whatcom County Actual				
	'97	'98	'99	'00	'01
Number of people on waiting list for county-funded "Day Programs"		35	25	0	0
Number of people in "Competitive employment"		78	103	154	171
Number of people in "Specialized Industry employment"		125	125	95	83
Number of children in Child Development/Early Intervention programs		26	26	26	28
Number of people in Community Access programs		37	37	37	37
Total clients served		266	291	312	319

Indicator Data Interpretation

The number of individuals employed in competitive community jobs has increased consistently over the past four years. Many adults, and most graduating students, now choose employment in

integrated community settings over the more traditional “sheltered” employment situations. The waiting list has reduced to zero in the past two years, and all individuals who desire to work are now being served by Whatcom County in partnership with the State Division of Vocational Rehabilitation.

2001-2002 Accomplishments

- All eligible individuals who have expressed desire to work are now receiving employment services. No individuals are on the Waiting List.
- The Program has improved its system for contracting, realizing numerous administrative efficiencies and improving flexible access to the services available for local consumers.
- Washington State Division of Developmental Disabilities has mandated that all County “Day Program” services are to be provided increasingly over the next 4 years according to the principles of “self-determination and consumer choice”. This mandate has resulted in Countywide planning efforts focusing upon ways to increase available opportunities and choice, while assuring the quality and safety of those opportunities.

Program Changes for 2003

- We will continue Countywide planning efforts with community members and DD Advisory Board members to design services based on the principles of “self-determination and consumer choice”.
- We plan to increase services available to children and their families in 2003.

DEVELOPMENTAL DISABILITIES PROGRAM	# of FTEs = 1.0
Direct Expenditure	1,639,228
Indirect Costs	316,371
Total Program Expenditure	1,955,599
Revenue	1,668,000
County Contribution	287,599

SUBSTANCE ABUSE PROGRAM

FY 2003 Work Plan

Cost Center – 675200

Substance Abuse Services – 675300

Vision:

To assure availability and access to comprehensive, high quality, cost-effective substance abuse treatment services for people in Whatcom County who have low income or are eligible for Medicaid.

Description of Service

The Whatcom County Substance Abuse Program manages state and local funds to assure a comprehensive continuum of substance abuse services for the low income and Medicaid-eligible population in Whatcom County. The Program contracts with local private and not-for-profit treatment providers to provide substance abuse or chemical dependency services to individuals and their families. Basic services include assessment, outpatient treatment, relapse prevention, community education and outreach, and crisis services, which includes social and medical detoxification.

Purpose and/or Benefit of Providing Service

Approximately ten percent of adults are alcoholic. An estimated 43 percent of all adults have been exposed to alcoholism in their families. Nearly 80 percent of all arrests involve alcohol or other drugs. Over a five-year period, Medicaid eligible clients treated for substance abuse incurred \$4,500 less in medical costs for inpatient and outpatient services than did untreated clients. Investing in chemical dependency treatment results in cost savings for our community.

This Services is Primarily Used By

Adults and youth who meet the low-income or Medicaid requirements, and who have substance abuse or chemical dependency problems.

INDICATORS	Whatcom County Actual					State Actual				
	'97	'98	'99	'00	'01	'97	'98	'99	'00	'01
Rate of treatment admissions for Adults (age 18+) (unduplicated per 100,000 people) ¹			588	579	669			540	631	592
Rate of treatment admissions for Youth (age 17-) (unduplicated per 100,000 people) ¹			74	98	102			71	80	77
Percent of Clients who Successfully Completed Treatment ¹			47%	47%	44%			45%	45%	47%

¹ Data from the Washington State TARGET database.

Indicator Data Interpretation

Rates of treatment admissions for adults and youth in Whatcom County remain slightly and consistently higher than the state levels. Additionally, rates have consistently moved upward each year in Whatcom County. The percentage of clients who successfully complete treatment programs remains consistent with state rates. No data are currently available through State or local databases regarding treatment effectiveness.

The higher rates of treatment admissions appear to be related to two factors: (1) Whatcom County is a High Intensity Drug Trafficking Area (HIDTA), with an increased availability of illegal and controlled substances compared to other counties; and (2) local law enforcement agencies have a “zero tolerance” for substance-related violations, whereas other counties tend to issue fewer citations. However the increased rates also may be influenced by intensified local outreach efforts and the availability of state-certified treatment agencies.

2001-2002 Accomplishments

- Services have been expanded into the North County area with the startup of a new contract with a Lynden-based provider.
- We have improved the quality assurance efforts, so that we are increasingly assured that contractors are providing high quality substance abuse services.
- We have collaborated with Juvenile Court in the startup of a Juvenile Drug Court Program in Whatcom County.

Program Changes for 2003

- We will continue active program planning, development, and fund searches for two innovative programs: (1) an intensified case finding, engagement, and case management program for those with chronic chemical dependency problems; and (2) residential support and case management services targeting those who have agreed to enter treatment but who must wait up to 6 weeks before entering a program. These innovations are meant to increase the number of people with chronic problems who enter and complete treatment, rather than continuing a pattern of repeated crisis contacts.
- We will continue collaboration with local mental health programs, in order to coordinate services for those who have co-occurring disorders (substance abuse with mental illness).
- We will continue our partnership with the County Mental Health Program in providing leadership toward the development and funding of a Crisis Triage Center.
- Over the next year, Program staff and Substance Abuse Advisory Board members will conduct intensive planning efforts in response to changing state laws that permit the likely development of a Methadone Maintenance facility in Whatcom County.

<i>SUBSTANCE ABUSE PROGRAM</i>	<i># of FTEs = 1.0</i>
Direct Expenditure	1,119,915
Indirect Costs	216,144
Total Program Expenditure	1,336,059
Revenue	1,152,783
County Contribution	183,276

CRISIS SERVICES
FY 2003 Work Plan
Cost Center - 675300

Vision:

To assure the availability of comprehensive crisis intervention services for people with substance abuse and/or chemical dependency problems in Whatcom County.

Description of Service

A 24-hour system for ensuring crisis intervention, social and medical detoxification, and referral services for people who are intoxicated by alcohol or other drugs. Extended services of case management and involuntary commitment for the severely dependent have been developed to assist patients into and through the treatment process.

Purpose and/or Benefit of Providing Service

Our crisis services provide triage and evaluation 24-hours per day at the time of crisis for intoxicated individuals, and a safe place in Detox for withdrawal monitoring and further evaluation. Appropriate referrals are provided to individuals after they have stabilized. A seamless continuum of care for those who have a history of severe dependency on alcohol or other drugs is assured. Cost effectiveness is targeted through savings of costly jail and hospital services.

This Service is Primarily Used By

Adults and youth in crisis as a result of chronic or acute substance abuse or chemical dependency.

INDICATORS	Whatcom County Actual					State Actual				
	'97	'98	'99	'00	'01	'97	'98	'99	'00	'01
Rate of Detox Admissions (duplicated per 100,000)			332	465	507			136	182	187
Rate of number of Clients in Detox (unduplicated per 100,000)		295	209	283	305			94	124	128
Crisis Services/Adult Protective Custody Admissions		1124	1285	1068	1077					
Crisis Services/Adult Protective Custody Clients				230	211					

Indicator Data Interpretation

Strong relationships between detox and law enforcement have resulted in a higher rate of detox admissions in Whatcom County. Our Alcohol Protective Custody Program is unique in this state, which allows local law enforcement and crisis personnel to detain intoxicated individuals who have posed a threat to themselves or others. The rate of Detox admissions has continued to increase each year statewide, but Whatcom County's rates are dramatically higher than statewide. Whatcom County data further indicate that a small group of individuals (211) used the Crisis System very frequently (1077 contacts) last year.

These data strongly encourage local efforts to target services for this select group of individuals, in efforts to engage these people in services and reduce the number of times they experience substance-related crises.

2001-2002 Accomplishments

- The Program has begun to focus intensified services (including involuntary commitment) upon people who have repeated crises, to improve treatment and reduce costs overall.
- The Substance Abuse Program has provided a countywide continuum of treatment services to the low income and Medicaid-eligible populations.
- The Program collaborates with crisis service providers and multiple other systems on the local initiative for a Crisis Triage Center.
- The Alcohol Protective Custody Program is recognized statewide as an innovative approach to improving client access to ongoing services while reducing threats to public safety.

Program Changes for 2003

- Continued emphasis on identifying the “high user” population, and providing intensified engagement and case management services to these individuals.
- Program planning and development, followed by grant searching, to expand services during the gap between detoxification and the actual start of treatment services.

CRISIS SERVICES	# of FTEs = See 675200
Direct Expenditure	122,350
Indirect Costs	23,614
Total Program Expenditure	145,964
Revenue	84,433
County Contribution	61,531

COMMUNITY PREVENTION
FY 2003 Work Plan
Cost Center - 677300

Vision:

To prevent and reduce alcohol and other drug misuse and abuse in Whatcom County.

Description of Service

Prevention programs are designed to promote a healthier and safer community in which to live. Through coordinating a multi-systems approach to community based prevention, activities are either subcontracted or provided directly by the division. Programs are designed to reduce risk factors; elements that increase the likelihood that youth will use substances. Similarly, protective factors are provided to insulate youth from the effects of risk factors. Youth are also encouraged to actively plan and participate in prevention programs in the community.

Purpose and/or Benefit of Providing Service

Prevention activities improve the health and safety of individuals and families in our community. Effective prevention not only improves the quality of life in our area, but it will save the taxpayers dollars spent on health care cost and property damage.

This Service is Primarily Used By

Prevention activities are aimed at youth and families at risk for health and safety issues.

INDICATORS	Whatcom County Actual					State Actual				
	'97	'98	'99	'00	'01	'97	'98	'99	'00	'01
Adolescents in Alcohol & Drug Treatment (rate per 100,000 age 10-17 years) ¹	1550	1680	1670			1250	1300	1270		
Adult Alcohol-Related Arrests (rate per 100,000 age 18+ years) ¹	1350	1630	1660			1280	1120	1090		
Juvenile Alcohol and Drug Law Violation Arrests (rate per 100,000 age 10-17 years) ¹	2730	2650	2490			1490	1400	1410		
Percentage of 8 th graders at risk from 'favorable attitudes toward drug use' ²		31%		30%			45%		34%	
Percentage of 12 th graders at risk from 'favorable attitudes toward drug use' ²		58%		47%			52%		47%	

¹ From Washington State DSHS/DASA Research & Data Analysis Division, "Risk & Protection Profile for Substance Abuse Prevention in Whatcom County" State data published every two years.

² From Washington State "Survey of Adolescent Health Behaviors"; based on self-reports in children/adolescents in school. State survey only administered on even calendar years.

Indicator Data Interpretation

Rates of alcohol-related arrests and admissions to substance abuse treatment are higher in Whatcom County than statewide, for both adolescents as well as adults. This phenomenon is rooted in two main factors: (1) Whatcom County is designated as a “High Intensity Drug Trafficking Area (HIDTA)”, due in part to our location as a border county on an interstate highway; and (2) local law enforcement agencies have a “zero tolerance” for substance-related violations, whereas other counties tend to issue fewer citations.

The increased availability of illegal substances likely puts our youth at heightened risk of beginning substance abuse. The strong emphasis on public safety results in more referrals for substance abuse treatment in Whatcom County, especially for adolescents.

Many risk factors begin to increase among middle school youth and continue to increase throughout the high school years. Rates of substance use increase as youths begin to perceive fewer harms associated with drug use. This trend appears to begin during middle school, and increases markedly during the high school years.

2001-2002 Accomplishments

- Program services have expanded to address specific individuals exhibiting early signs of problem behavior and/or substance abuse.
- We have increased the total grant funds and services available for prevention programs during 2002.
- We have also increased the number of ‘best-practice’ prevention programs funded by the county. These research-based programs, such as Mentoring and Family Management Programs, have been identified as effective in reducing risk factors and increasing protective factors in youth at-risk for substance abuse and other problem behaviors.
- Expanded services include a focus on families, specifically working to increase parenting skills, family communication, and family bonding in families with substance abuse-related problems.

Program Changes for 2003

- Continued efforts to focus services upon those youth identified as being at highest risk.

<i>COMMUNITY PREVENTION</i>	<i># of FTEs = 1.0</i>
Direct Expenditure	95,042
Indirect Costs	18,343
Total Program Expenditure	113,385
Revenue	92,042
County Contribution	21,343

TRAFFIC SAFETY PROGRAM
FY 2003 Work Plan
Cost Center - 677400

Vision:

To reduce the number of collisions, traffic injuries, and deaths in Whatcom County.

Description of Service

Traffic safety activities are designed to heighten community awareness about traffic safety issues. Primary efforts target impaired driving, speeding, bicycle and pedestrian safety, and correct seatbelt and child car seat usage. Education is provided at school presentations, scheduled community events, and through other community presentations. The program works in cooperation with local law enforcement, public schools, and other community agencies.

Purpose and/or Benefit of Providing Service

Reducing preventable traffic injuries and fatalities not only improves the health and safety of individuals and families in our area, it will save the taxpayers dollars spent on health care costs and property damage.

This Service is Primarily Used By

Prevention activities are aimed at youth and families at risk for health and safety issues.

INDICATORS	Whatcom County Actual					State Actual				
	'97	'98	'99	'00	'01	'97	'98	'99	'00	'01
All Traffic Deaths: Rate of traffic fatalities (per 100,000)	13.0	23.6	16.4			16.1	15.5	15.2		
Seat Belt Use Rates: Overall belt use percentage ¹					85.7		79.1	81.1	81.6	82.6
Drinking-Driver Traffic Deaths: Rate of drug and alcohol related traffic fatalities (per 100,000)	3.5	9.3	9.5			6.4	6.7	5.8		

¹ WESTAT, Inc. Washington State Observational Survey of Safety Belt Usage. Survey conducted every 2 years

Indicator Data Interpretation

No new information is available at this time on changes in drinking-driver traffic deaths and overall traffic deaths. These data are collected and reported every two years, with the next report anticipated in Fall 2002. Seat belt use rates for Whatcom County appear to be slightly higher than the State rates. Substance-related traffic fatalities occurred at a higher rate locally than statewide in 1998 and 1999. This may be related to the fact that Whatcom County is a High Intensity Drug Trafficking Area (HIDTA). The DUI laws have become stricter, and various Whatcom County agencies involved in Traffic Safety have increasingly emphasized safe driving over the past two years. We anticipate seeing lower rates when the next State Survey is conducted.

2001-2002 Accomplishments

- Educated over 700 DUI offenders in the Victim Impact Panel.
- Reached over 600 students in a Mock DUI crash program at Mt. Baker School District, and an additional 108 students in other traffic safety/DUI prevention activities.
- Sponsored 3 adults and 9 youth to attend the Washington State Prevention Summit and Washington State S.A.D.D. conferences.
- Distributed safety information and marketing materials in several community health fairs and the annual Northwest Washington Lynden Fair.
- Cooperated with and assisted several businesses and numerous volunteers to reach over 1500 individuals with bicycle and pedestrian safety information during Bike to School and Work Day activities.
- Engaged the media to increase awareness about driving under the influence, seat belt use, and child passenger safety.

Program Changes for 2003

- No changes are planned for 2003.

TRAFFIC SAFETY PROGRAM	# of FTEs = 0.25
Direct Expenditure	34,493
Indirect Costs	6,657
Total Program Expenditure	41,150
Revenue	46,875
County Contribution	(5,725)

YOUTH TOBACCO PREVENTION PROGRAM

FY 2003 Work Plan

Youth Access & CDC - 677600

677610 – Tobacco Prevention and Control

Vision:

Improve the health of Whatcom County residents by reducing the use of tobacco among youth and adults; preventing youth from initiating tobacco use; reducing exposure to secondhand smoke; promoting quitting among users; and building community capacity for tobacco prevention strategies.

Description of Service:

The Health Department works with diverse populations to increase awareness of the risks of tobacco use. This includes training and mobilizing youth to lead and participate in community and state tobacco prevention activities; reducing youth access to tobacco through a retailer compliance check programs that check and educate retailers about selling tobacco to minors; education to restaurants and businesses to adopt smoke-free policies; referral of individuals to cessation resources available in the community; and other activities to build community capacity for tobacco prevention strategies. The program works in cooperation with other agencies and organizations within the community as well as providing information directly to various target audiences.

Purpose and/or Benefit of Providing Service

The community received education on the hazards of smoking, media literacy, secondhand smoke exposure, and local cessation services. Retailers are also monitored to assure that tobacco is not sold to youth under 18 years of age.

This Service is Primarily Used By

Students of seven area school districts, Lummi Health Clinic, Northwest Youth Services, Sea Mar, Drug Free Youth, St. Joseph's Hospital, Boys & Girls Clubs of Whatcom County, Liquor Control Board, COMMIT For a Tobacco Free Whatcom County. Primary audiences are youth at-risk for tobacco initiation, and young adults who are ready to quit smoking.

INDICATORS	Whatcom County Actual					State Actual				
	'97	'98	'99	'00	'01	'97	'98	'99	'00	'01
Adult Tobacco Use Percentage: Cigarette smoking in past 30 days	23.0			17.3 ₁		23.8	21.4	22.4	27.2 ₁	
Youth Tobacco Use 6th grade Past 30 days, youth who have smoked cigarettes at least once				2.8			4.7		4.0	
Youth Tobacco Use 8th grade Past 30 days, youth who have smoked cigarettes at least once				11.2			15.2		12.4	
Youth Tobacco Use 12th grade Past 30 days, youth who have smoked cigarettes at least once				27.3			28.6		27.7	
Minors Access to Tobacco: Percent Sales to minors during "compliance checks" ²		25.0	21.0	6.3	13.6	5.5	14.7	12.4	13.9	11.2
Smoke-Free Restaurants: Count of Volunteer Smoke-Free policies in public restaurants				103	205 (79%)					

¹All tobacco use, DOH Tobacco Program Adult Telephone Survey 2000

² Washington Department of Health, Synar Compliance Check Database 1996-2001

Indicator Data Interpretation:

- Methods of surveying restaurants changed in 2001. The change in survey methodology resulted in the apparent increase in the number of volunteer smoke-free policies in public restaurants in Whatcom County. Qualitative data have indicated that community attitudes to support smoke-free policies have increased. Over 67% of county adults think that smoking should be completely banned in restaurants. Almost 4 of every 5 local restaurants have "smoke-free" policies.
- The overall number of youth trained in peer education decreased in 2001; however, the total number of districts and schools involved in peer education increased. Individual districts or schools are choosing to train fewer youth but involve them in greater numbers of prevention activities.
- Data clearly suggest that risk for using tobacco products increases dramatically between 6th and 8th grade, and then doubles during the high school years. A smaller percentage of adults smoke tobacco than 12th graders. Tobacco Prevention efforts should be targeted intensively towards middle school and early high school aged youth.

2001-2002 Accomplishments

- Increased participation of community stakeholders in anti-tobacco coalition activities and strategic planning efforts.
- Created an ongoing youth coalition, Students of Whatcom Against Tobacco (SWAT) to plan and organize youth prevention activities.
- Participated and led the first annual 5-county, 3-tribe regional youth summit, *Untold: The Reality About Tobacco and the Media*.
- Reached over 800 individuals and agencies information about the tobacco prevention activities through our quarterly newsletter.
- Reached over 1500 adults and youth during our annual media awareness activities for Great American Smokeout, Kick Butts Day, and World No Tobacco Day.
- Created and distributed educational materials to 216 tobacco retailers in Whatcom County.

- Distributed posters, brochures, and other promotional materials about the free State Quit Line to 477 local agencies.
- Provided tobacco education or cessation services to 200 youth in juvenile probation.
- Reached over 8000 individuals with information about reducing secondhand smoke in the home and around children.
- Distributed close to 10,000 Smoke-Free Restaurant Guides and 500 consideration campaign advocacy kits in area businesses and agencies.
- Increased awareness about tobacco use and cessation through a variety of new media including the Internet, local newspapers, transit advertising, and cinema screen media.

Program Changes for 2003

- Increased State funding will permit expanded emphasis on reducing exposure to environmental tobacco smoke.
- We will work with local advocates and providers to increase local resources for tobacco cessation services to those who are ready to quit.
- We plan to increase the number of “retailer compliance checks”, in order to influence compliance with state laws about tobacco advertising and sales.

<i>YOUTH TOBACCO PREVENTION PROGRAM</i>		<i># of FTEs = 0.75</i>
Direct Expenditure		82,536
Indirect Costs		15,929
Total Program Expenditure		98,465
Revenue		111,800
County Contribution		(13,335)

Note: The following Administrative costs and revenues are distributed proportionately to health department programs to illustrate their actual costs.

<i>HUMAN SERVICES ADMINISTRATION</i>		<i># of FTEs =3.5</i>
Direct Expenditure		238,867
Indirect Costs		(78,867)
Total Program Expenditure		160,000
Revenue		160,000
County Contribution		-0-

HEALTH INFORMATION PROGRAMS

FY 2003 Work Plan

Cost Center 600200

615000 – Vital Records

600105 – Data Management

600500 – Health Assessment

600400 – Commission Against Domestic Violence

600800 – Whatcom Coalition for Healthy Communities

Vision:

The Health Department closely monitors health status of Whatcom County and achieves continued improvement in health status through community partnerships and public health education efforts.

Description of Service

Collects, analyzes and makes available information on the health of the community, including statistics on health status, birth and death records and community health needs. Conducts epidemiological and other studies related to health in the community. With this comprehensive and ongoing community health assessment, it is possible to determine trends over time, which can be an indication of successful programs or a need to change program emphasis.

Purpose and/or Benefit of Providing Service

The community health assessment is extremely beneficial in the county wide community health planning process. This process provides meaningful data in the development of policy, procedures and programs to address issues such as: youth violence, teen pregnancy, low birth weights, farm injuries, environmental hazards, E.coli 0157:H7 outbreaks, Tuberculosis, suicide, other communicable diseases, etc.

This Service is Primarily Used By

Health Department staff, all primary health care providers, human service agencies and policy makers in our community.

2001-2002 Accomplishments

- Began Behavioral Risk Factor Survey activity in the community.
- Participated with the Whatcom Coalition for Health Communities in the Community Counts Project to establish baseline indicators of health in our community.
- Completed analysis of immunization survey data.
- Responded to a 67% increase in volume of requests for birth certificates since September 2001.

Program Changes for 2003

- The Health Information Administrator position was eliminated in May 2002 due to budget reductions. This position will not be refilled in 2003. Management will work on a plan for assuring that program and community assessment activities continue within the department.
- The Data Specialist position will be increased to full time to ensure sufficient capacity to deal with data needs particularly related to communicable disease surveillance.
- Moved resources from centralized health educator support to communicable disease surveillance response.

HEALTH INFORMATION PROGRAMS	# of FTEs =3.5
Direct Expenditure	434,924
Indirect Costs	-0-
Total Program Expenditure	366,400
Revenue	366,400
County Contribution	-0-

Note: The following Administrative costs and revenues are distributed proportionately to health department programs to illustrate their actual costs.

HEALTH DEPARTMENT ADMINISTRATION	# of FTEs = 12.6
Direct Expenditure	1,429,775
Indirect Costs	(991,755)
Total Program Expenditure	438,000
Revenue	438,000
County Contribution	-0-